

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:532

ANSWERED ON:27.07.2005

PREVENTION OF AIDS

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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether Government is aware of the rising number of AIDS patients amongst men, women, children, defence and paramilitary forces in the country;
- (b) if so, the details thereof during each of the last three years and date, State-wise and category-wise;
- (c) whether the Government had organized a media summit on HIV/AIDS ,keeping in mind the increasing AIDS patients in the country;
- (d) if so, the details thereof;
- (e) whether any report has been received from the World Bank regarding the treatment and prevention of AIDS;
- (f) if so, the details in this regard;
- (g) the details of the amount provided during each of the last three years and for the current year for tackling the AIDS menace; and
- (h) the action plan formulated by the Government for treatment and prevention of AIDS?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH & FAMILY WELFARE (SMT. PANABAKA LAKSHMI)

(a) & (b): Yes, Sir.

A state-wise and year-wise statement indicating number of AIDS cases reported to National AIDS Control Organisation by calendar year is enclosed at Annexure - I. The statement includes the number of cases among men, women & children. The information in regard to number of AIDS patients in defence and para-military forces during each of the last three years, is being collected and will be placed on Table of the House.

(c) & (d): Yes, Sir.

A Media Leaders Summit on HIV/AIDS was held in New Delhi in January, 2005. About 25 Executives from various media companies attended the Summit. The following steps and action points emerged from the summit.

All 25 Executives from Media Companies who attended and signed a statement of support pledging to work together to raise public awareness about HIV/AIDS.

To ensure synergy of media efforts and identify opportunities, share resources and coordinate the entire media effort with National AIDS Control Organisation.

New commitments were made by several attending Media Leaders, including Dainik Jagaran, Hindustan Times, Times, MTV, NDTV, Prasar Bharati, SET India, STAR TV, SUN TV, Hindu and Zee TV.

(e) & (f): Yes, Sir.

A report titled `HIV/AIDS Treatment and Prevention in India` was published by World Bank in June, 2004. The recommendations as contained in the report are enclosed at Annexure - II.

(g): The details of the amount provided during each of last 3 years and for current year is as under:

Year	Amount (Rs. In crore)
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2002-03	--	242.00
2003-04	--	233.40
2004-05	--	426.00
2005-06	--	533.50
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(h): An action plan formulated by Government for treatment and prevention of AIDS includes the following five strategic areas:

Preventive interventions for high-risk populations through targeted interventions adopting a multi-pronged strategy including peer counseling and behaviour change communication.

Preventive interventions for the general population through programmes for blood safety, voluntary counseling and testing services, Prevention of Parent to Child Transmission (PPTCT), Information Education and Communication (IEC).

Provision of low cost care and support services by providing community care services, treatment of opportunistic infections and prevention of occupational exposure and Free Antiretro-viral Therapy in identified centres in the country.

Collaborative efforts to promote inter-sectoral programme activities including workplace interventions and public-private partnerships.

Build technical and managerial capacities for programme implementation through Surveillance, Training, Monitoring and Evaluation, Technical resource groups, operational research and Programme management. Annexure - I

Statement indicating reported number of AIDS cases (Male, Female, Children) during the last 3 years

S.No.	State/UT	2002				2003				2004			Total
		Male	Female	Children	Total	Male	Female	Children	Total	Male	Female	Children	
1	A&N Island	4	2	0	6	5	0	0	5	0	0	0	0
2	Andhra Pd.	651	406	28	1085	2486	1532	105	4123	250	1555	94	4155
3	Arunachal Pd.	0	0	0	0	0	0	0	0	0	0	0	0
4	Assam	15	1	0	16	40	8	2	50	9	4	0	13
5	Bihar	19	9	0	28	6	3	0	9	0	0	0	0
6	Chandigarh	156	69	14	239	130	32	11	173	122	41	55	218
7	Chattisgarh	0	0	0	0	0	0	0	0	0	0	0	0
8	D & N Haveli	0	0	0	0	0	0	0	0	0	0	0	0
9	Daman & Diu	0	0	0	0	0	0	0	0	0	0	0	0
10	Delhi	72	26	8	106	92	13	9	114	53	11	4	68
11	Goa	49	16	3	68	124	42	8	174	75	33	1	109
12	Gujarat	881	282	45	1108	787	304	33	1124	109	382	59	1536
13	Haryana	49	4	0	53	46	8	0	54	70	15	0	85
14	Himachal Pd.	28	9	3	40	32	9	0	41	60	13	2	75
15	J & K	0	0	0	0	0	0	0	0	0	0	0	0
16	Jharkhand	0	0	0	0	0	0	0	0	0	0	0	0
17	Karnataka	212	66	16	294	157	43	1	201	169	48	5	222
18	Kerala	252	118	15	385	396	202	28	626	51	20	2	73
19	Lakshadweep	0	0	0	0	0	0	0	0	0	0	0	0
20	Mahdya Pd.	110	41	5	156	105	32	8	145	149	51	9	209
21	Maharash-	2567	1166	85	3818	3291	1385	396	5072	305	1283	365	4701

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22	Manipur	461	138	33	632	708	390	89	1187	0	0	0	0
23	Meghalaya	0	0	0	0	0	0	0	0	0	0	0	0
24	Mizoram	6	5	3	14	8	6	4	18	25	20	9	54
25	Nagaland	48	29	10	87	48	28	8	84	140	93	36	269
26	Orissa	11	3	1	15	1	0	0	1	0	0	0	0
27	Pondich- erry	92	46	2	140	0	0	0	0	0	0	0	0
28	Punjab	30	29	0	59	20	18	0	38	26	9	2	37
29	Rajasthan	202	70	20	292	183	69	14	266	172	48	8	228
30	Sikkim	2	0	0	2	2	0	0	2	0	0	0	0
31	Tamil Nadu	6474	2296	331	9101	5023	1858	249	7130	905	5451	766	15271
32	Tripura	4	1	0	5	0	0	0	0	0	0	0	0
33	Uttar Pradesh	308	51	0	359	287	52	0	339	84	23	2	109
34	Uttranchal	0	0	0	0	0	0	0	0	0	0	0	0
35	West Bengal	684	148	137	969	487	76	48	611	0	0	0	0
	TOTAL	13387	5031	759	19077	14464	6110	1013	21587	16913	9100	1419	27432

Annexure - II

Recommendations of World Bank report on "HIV/AIDS Treatment and Prevention in India"

1. Collect better statistics on the current prevalence and incidence of HIV infection in India in order to improve the accuracy of planning exercises like the present one.
2. Support improvements to the quality of unstructured antiretroviral therapy provided by the private sector in order to minimize its negative spillover effects at the lowest possible cost to the government. Under the assumptions made in this report, such a policy is the most cost-effective approach to antiretroviral therapy.
3. Evaluate both the costs and effects of prevention programmes. If the government finds that prevention programmes are stalled and can no longer be extended at a cost of \$10 - \$20 per life-year saved, the case for antiretroviral therapy, especially transmission-minimising antiretroviral therapy, would be strengthened.
4. Evaluate the costs and effects of alternative antiretroviral therapy programmes. It would be useful to know what modes of treatment maximize patient adherence to a drug regimen in India.
5. Support measurement of the prevalence of resistant strains of the virus among people with HIV.
6. To ensure that condom use increases rather than declines, monitor the behavioural effects of awareness of improved access to antiretroviral treatment on risk behaviour of those not under treatment, especially high-risk groups.
7. In consultation with all state and national stakeholders, design and implement an institutional arrangement that rewards effective prevention programmes, thereby ensuring that the availability of treatment has beneficial (rather than perverse) spillover effects.